

STATE GROUP MONTHLY HEALTH INSURANCE RATES FOR CY 2005*	PLAN TIER	CONTRACT TYPE	
		SINGLE	FAMILY
STANDARD PLAN	3	762.60	1862.40
STATE MAINTENANCE PLAN	1	481.70	1165.30
ATRIUM HEALTH PLAN	1	452.20	1127.00
COMPCAREBLUE - AURORA FAMILY	1	379.20	944.50
COMPCAREBLUE NORTHEAST	2	485.90	1211.30
COMPCAREBLUE NORTHWEST	1	484.70	1208.30
COMPCAREBLUE SOUTHEAST	1	474.50	1182.80
DEAN HEALTH PLAN	1	406.70	1013.30
GHC-EAU CLAIRE	1	507.50	1265.30
GHC-SOUTH CENTRAL	1	391.00	974.10
GUNDERSEN LUTHERAN	1	473.20	1179.60
HEALTH TRADITION	1	496.30	1237.30
HUMANA-EASTERN	2	530.60	1323.10
HUMANA-WESTERN	1	498.20	1242.10
MEDICAL ASSOCIATES HMO	1	424.40	1057.50
MERCYCARE HEALTH PLAN	1	372.30	927.30
NETWORK-FOX VALLEY	1	439.30	1094.80
PHYSICIANS PLUS	1	411.00	1024.10
PREVEA HEALTH PLAN	1	471.50	1175.30
UNITEDHEALTHCARE	1	412.00	1026.50
UNITY-COMMUNITY	1	481.30	1199.80
UNITY-UW HEALTH	1	391.10	974.30
*These are the total monthly premium rates. Employer and employee contributions were not available at the time of printing. See your benefits and payroll specialist and page A-2 for more information.			